



Incident Report

Print Date/Time: 12/28/2016 14:56

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00025515

Incident Date/Time: 12/22/2016 3:42:00 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258

Incident Type: Collision
Venue: Lake Stevens

Phone Number:
Report Required: Yes
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
1951	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	MONAHAN, TELO PATRICK	12133 RAINBOW DR Arlington WA 982239423			Male	08/19/1983
2	Involved Party	WILLIAMS, RICHARD ELMER	15112 64TH ST NE Lake Stevens WA 982589241	(425) 232-8438	White	Male	06/24/1944

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2015	Ford	F350		C70927D	WA
Involved Vehicle	Passenger Car	1993	Ford	Explorer	Green - Dark	AXW9597	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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12/22/2016 : 15:42:32 SP0424 Narrative: NON INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E623659**CASE # **2016-00025515**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **12** - **22** - **2016** **1540** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 9**BLOCK NO. ☒
MILE POST**2700**

DISTANCE

300 **00**MILES ☐ N ☐ E ☐
FEET ☒ S ☒ W

OF (REFERENCE OR CROSS STREET)

SOPER HILL RD

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

WILLIAMS

FIRST NAME

RICHARDMIDDLE
INITIAL**E**STREET
NEW ADDRESS**15112 64TH ST NE**

CITY

LAKE STEVENS

ST

WA

ZIP

982589241

CDL

RESTRICTIONS **B**

ENDORSEMENTS

LDRIVER'S
LICENSE #**WILLIRE564L4**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**06****24****1944**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AXW9597**

STATE

WA

VIN#

1FMDU34X2PUC36582TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1993

MAKE

FORD

MODEL

EXPLR4

STYLE

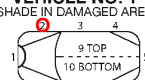
VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **NATASHA SHIELDS 5614 90TH PL NE MARYSVILLE WA 98270**LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

MONAHAN

FIRST NAME

TELOMIDDLE
INITIAL**P**STREET
NEW ADDRESS**12133 RAINBOW DR**

CITY

ARLINGTON

ST

WA

ZIP

982239423

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**MONAHTP174NR**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**08****19****1983**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**C70927D**

STATE

WA

VIN#

1FDRF3G62FEC91125TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2015

MAKE

FORD

MODEL

F350

STYLE

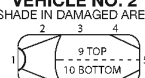
CHVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **KONE LSE 8343 154TH AVE NE REDMOND WA 98052**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**OLD REPUBLIC INSURANCE MWBT20018**VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

A. MICHAEL #0144

BADGE OR ID #

0144

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E623659**CASE # **2016-00025515**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

There was an accident and emergency vehicle response at the intersection of SR 9 and Soper Hill Rd. Due to this, vehicles were merging from the closed right lane to the inner left lane of north bound SR 9.

Driver of V1 stated that he was in the left lane and V2 merged from the right lane and into his lane. V1 said that V2 did not look and the back left portion of V2 struck the front right portion of V1 as it merged.

Driver of V2 stated that he was merging into the left lane. As he was ending his merge, V1 came up from behind and crashed into the back of him.

Driver of V1 issued NOI for operating a motor vehicle without insurance.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144		12-23-16 12:16 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY		DATE	
M. HINGTGEN 0126		12/23/2016 5:06:06 AM	
BADGE OR ID #	0144	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
3:41 PM		3:42 PM	

REPORT NO. E623659

CASE # 2016-00025515

DATE AND TIME
OF COLLISION 12/22/16 15:40

